## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

<u>Fax</u> (703) 746-4000

maintenance fee notification	ns.			PUBLICATION FEE fication of maintenan a new correspondence	if requince fees we address;	ired). Blocks 1 through 4 sl rill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
	CE ADDRESS (Note: Legibly mark-up 590 06/16/2004	p with any corrections or	use Block 1)	Fee(s) Transi papers, Each	mittal. Thi additiona	mailing can only be used for is certificate cannot be used for ill paper, such as an assignment of mailing or transmission.	for any other accompanying	
SILVERBROOK 393 DARLING ST BALMAIN, 2041 AUSTRALIA	TD OIPE VC.		I hereby cert States Postal addressed to	have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.				
		- 1 .	h some s	ـــــا (بر			(Depositor's name)	
		ן אור אַ		<u> </u>			(Signature)	
		P. S.	, <b>1</b>	/			(Date)	
APPLICATION NO.	FILING DATE	1	D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/693,884	10/28/2003		Kia Silv	rerbrook		ZG009US	4019	
TITLE OF INVENTION: IN	NKJET PRINTER INCORPO	DRATING A MED	DIA TRAY A	SSEMBLY				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1330		\$300		\$1630	09/16/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
CRENSHAW, MARVIN P		2854		347-103000		•		
CFR 1.363).  Change of corresponde Address form PTO/SB/1.  "Fee Address" indicati	e address or indication of "Forence address (or Change of C22) attached.  on (or "Fee Address" Indicator more recent) attached. Use	Correspondence	names of agents OF firm (havi agent) and	nting on the patent from up to 3 registered R, alternatively, (2) thing as a member a real the names of up to or agents. If no name nted.	patent at the name of egistered at 2 register	torneys or Iof a single attorney or 2ered patent		
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	RESIDENCE DATA TO B an assignee is identified bel d to the USPTO or is being s EE	low, no assignee d submitted under se	ata will appea parate cover. ) RESIDENC	ar on the patent. Inclusion Completion of this for CE: (CITY and STATE	E OR CQU	signee data is only appropria a substitute for filing an assi JNTRY) USHALI 9	ate when an assignment has gnment.	
<del> </del>	assignee category or catego	ries (will not be pr	inted on the p	atent); 🛘 🗘 individu	ual 🖼 c	orporation or other private gr	oup entity    government	
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):				

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

(Date)

(Date)

(Date)

(Date)

(NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1630.00

Complete if Known						
Application Number	10/693,884					
Filing Date	October 28, 2003					
First Named Inventor	Kia Silverbrook					
Examiner Name	Marvin P Crenshaw					
Art Unit	2854					
Attornov Docket No.	ZG009US					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
✓ Check Credit card Money Other None	3. ADDITIONAL FEES					
Order D	Large Entity   Small Entity					
Deposit Account:	Fee	Fee		Fee (\$)	Fee Description	Fee Paid
Deposit Account	1051	( <b>\$)</b> 130	2051		Surcharge - late filing fee or oath	T CO T GIG
Number Deposit	1052	50	2052		Surcharge - late provisional filing fee or	
Account	1032	30			cover sheet	
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	
Charge fee(s) indicated below Credit any overpayments		2,520	1812		For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	<b></b>
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month	<del></del>
1. BASIC FILING FEE Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	<del></del>
Fee Fee Fee Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	<del></del>
	1401	330	2401	165	Notice of Appeal	
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1003 530 2003 203 Frank limit glob	1403	290	2403	145	Request for oral hearing	<b></b>
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1 1000 100 1 2 2 2 2 2 2	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	5 Utility issue fee (or reissue)	1330.00
Ext <u>ra Claim</u> s <u>below</u> <u>Fee Paid</u>	1502	480	2502	240	Design issue fee	
Total Claims20** = X =	1503	640	2503	320	) Plant issue fee	
Independent State - 3** = X State - 3** = X	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	180		Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity	1806	180	180	6 180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	280	9 385	5 Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	281	0 38	5 For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	38	5 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		of a design application	
SUBTOTAL (2) (\$)		•	pecify)		ication fee	300,00
SUBTOTAL (2)  **or number previously paid, if greater; For Reissues, see above	*Red	luced b	y Basic	Filing I	Fee Paid SUBTOTAL (3) (\$) 1630	0.00
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SUBMITTED BY			(Complete (if applicable))			
Name (Print/Type)	Kia Silverbrook	Registration No. (Attorney/Agent)	Telephone 006129818663			
Signature	tus?	MadingVAdelia	Date	June 29, 2004		

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